

EXHIBIT A

U.S. Department of State
APPLICATION FOR A U.S. PASSPORT BY MAIL

210378598

NAME: Michael Anthony Diaz		DATE OF BIRTH: 02/28/1969		SOCIAL SECURITY NUMBER: 1747	
RESIDENCE: 136 Crawford St. Apt #10		CITY: Dorchester		STATE: Mass	
ZIP: 02121		COUNTRY: USA		DATE OF BIRTH: 02/28/1969	
NAME: Maria Vitarone		DATE OF BIRTH: 02/25/1994		SOCIAL SECURITY NUMBER: 1747	
RESIDENCE: 136 Crawford St. Apt #10		CITY: Dorchester		STATE: Mass	
ZIP: 02121		COUNTRY: USA		DATE OF BIRTH: 02/25/1994	
HEIGHT: 5'9"		HAIR COLOR: Black		EYE COLOR: Brown	
HOME TELEPHONE: (617) 442-9245		BUSINESS TELEPHONE: (617) 576-6633		OCCUPATION: Salesman	
PASSPORT NUMBER: 10150139		ISSUE DATE: 02/25/1994		PLACE OF ISSUE: Boston	
DEPARTURE DATE: 7/15/04		TRAVEL PLANS: No Mandatory		LENGTH OF STAY: Not Mandatory	
COUNTRY: Costa Rica		DURATION: 3 weeks			

NOTE: Most recent U.S. passport must be enclosed!

PERMANENT ADDRESS (Do not use P.O. Box)

136 Crawford St. Dorchester Mass 02121

EMERGENCY CONTACT: If you wish, you may require the U.S. Consulate and Embassy to contact a person not traveling with you in case of emergency.

Maria Vitarone

136 Crawford St. Apt #10 02121

Dorchester Mass 02121

(617) 442-9245 gulsford

OATH AND SIGNATURE

I have not, since acquiring United States citizenship, performed any of the acts listed under "Acts of Infidelity" on the reverse of this application form. I swear, on explanation, statement is attached.

I solemnly swear to affirm that the statements made on this application are true and correct. I understand that it is a crime to make a false statement on this application and that I have not been issued a passport within the last 12 months.

SIGNATURE

Michael A. Diaz

DATE

3/19/04

DO NOT WRITE BELOW THIS SPACE - FOR PASSPORT SERVICES USE ONLY

PFA COPY Attached
10150139 02/25/94

EXHIBIT B

EXHIBIT C



The United States Department of State - Bureau of Consular Affairs

Encl

Social Security Administration Death

Report by CA_PUBLIC on April , 27TH 2004 10:19 ET

Sensitive But Unclassified (SBU) - Information Protected under INA 222(f) and 9 FAM 40.4

SSN	Name	Date of Birth	Date of Death	State	Last Residence Zip	Lump Sum Payment Zip
067-54-1747	Diaz, Michael	10/28/1969	12/21/1995		10472	

Webmaster: CA-DATA-ENG@state.gov